

U.S. Department of Justice  
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF DARRYL ORRIN BAKER	COURT CASE NUMBER CA-05-0147 ERIE
DEFENDANT UNITED STATES OF AMERICA GOVERNMENT	TYPE OF PROCESS CIVIL

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
UNITED STATES OF AMERICA GOVERNMENT  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
1600 PENNSYLVANIA AVE WASHINGTON D.C. 20500

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW DARRYL ORRIN BAKER REG. NO.# 19613-039 FEDERAL PRISON CAMP P.O. BOX 2000 LEWISBURG, PA 17837	Number of process to be served with this Form 285 1	Number of parties to be served in this case 7	Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of: Darryl Baker	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 9/13/2005
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 7	District of Origin No. 605	District to Serve No. 65	Signature of Authorized USMS Deputy or Clerk SB	Date 9/23/05
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 10/11/05 Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm

Signature of U.S. Marshal or Deputy [Signature]					
Service Fee [Signature]	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges [Signature]	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$48.00

REMARKS: sc mailed 9-28-05 9842 8019 7357

2. Article Number



7160 3901 9842 8019 7357

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

**UNITED STATES OF AMERICA GOVERNMENT  
1600 PENNSYLVANIA AVENUE  
WASHINGTON, D.C. 20500**

**5-147,0/C,9/28/05,SRB**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

**OCT - 7 2005**

C. Signature

**THE WHITE HOUSE OFFICE  
WASHINGTON, D.C. 20500**

☐ Agent  
☐ Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

☐ Yes  
☐ No

**RECEIVED**